



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1053627

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST NO 1002993	INVOICE DATE 11/03/2010
INVOICE NUMBER 1717 - 90448115		

Liberal (620) 624-2277
 B OIL PRODUCER'S INC OF KANSAS
 I 1710 WATERFRONT PKWY
 L WICHITA
 L KS US 67206
 T
 O ATTN:

J LEASE NAME Albert Bouziden #18-3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40248442	27462		Net - 30 days	12/03/2010
For Service Dates: 11/01/2010 to 11/01/2010				
0040248442				
171701466A Cement-New Well Casing/Pi 11/01/2010				
5 1/2" Longstring				
AA2 Cement	100.00	EA	11.90	1,190.00 T
60/40 POZ	50.00	EA	8.40	420.00 T
Celloflake	25.00	EA	2.59	64.75 T
Defoamer	19.00	EA	2.80	53.20 T
Salt	454.00	EA	0.35	158.90 T
Cement Friction Reducer	29.00	EA	4.20	121.80 T
Gas-Blok	94.00	EA	3.61	338.87 T
FLA-322	47.00	EA	5.25	246.75 T
Gilsonite	500.00	EA	0.47	234.50 T
Latch Down Plug & Baffle - 5 1/2"	1.00	EA	280.00	280.00 T
Cement Shoe Packer - 5 1/2"	1.00	EA	2,590.00	2,590.00 T
Turbolizer - 5 1/2"	5.00	EA	77.00	385.00 T
Basket - 5 1/2"	1.00	EA	203.00	203.00 T
Threadlock Compound Kit	1.00	EA	23.80	23.80 T
Super Flush II	500.00	EA	1.07	535.50 T
Car, Pickup or Van Mileage	75.00	MI	2.98	223.13 T
Heavy Equipment Mileage	150.00	MI	4.90	735.00 T
Proppant and Bulk Delivery Charge	514.00	MI	1.12	575.68 T
Depth Charge; 5001' - 6000'	1.00	EA	2,016.00	2,016.00 T
Blending & Mixing Service Charge	150.00	MI	0.98	147.00 T
Plug Container Charge	1.00	EA	175.00	175.00 T
Service Supervisor Charge	1.00	HR	122.50	122.50 T
Cement for 5 1/2" CSW JOL MW				
902-34 (OP)				
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		
BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903		BASIC ENERGY SERVICES, LP PO BOX 10460 MIDLAND, TX 79702		SUB TOTAL 10,840.38 TAX 245.59 INVOICE TOTAL 11,085.97



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01466 A

DATE _____ TICKET NO. 1466

DATE OF JOB <u>11-11-10</u> DISTRICT <u>1717 Liberal Ks</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>Oil producers Inc of Ks</u>		LEASE <u>Albert Bouziden</u> WELL NO. <u>18-5</u>							
ADDRESS		COUNTY <u>Barber</u> STATE <u>Ks</u>							
CITY STATE		SERVICE CREW <u>RCor DCanada</u>							
AUTHORIZED BY <u>Jerry Bennett JRB</u>		JOB TYPE: <u>Z-42 5.5 Longoria</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>27462</u>	<u>6</u>						<u>11-1-10</u>		<u>1000</u>
<u>19959</u>	<u>6</u>					ARRIVED AT JOB		AM/PM	<u>200</u>
<u>21010</u>	<u>0</u>					START OPERATION		AM/PM	<u>545</u>
						FINISH OPERATION		AM/PM	<u>900</u>
						RELEASED		AM/PM	<u>930</u>
						MILES FROM STATION TO WELL			<u>157</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Bob Kasper
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA7 cmt	SK	100		1700 00
CP103	AA40 00Z cmt	SK	50		600 00
CC102	Callioflink	lb	25		92 50
CC105	DeFoamer	lb	19		176 00
CC111	Salt	lb	454		227 00
CC112	Cement Friction Reducer	lb	29		174 00
CC115	gas block	lb	94		484 10
CC129	#1A-322	lb	47		352 50
CC301	nutsonite	lb	500		335 00
CF607	Latch down Plus F Baffle	EA	1		400 00
CF1001	Cementing Shoe Packer Type	EA	1		2700 00
CF1651	Trihalizer 5 1/2 x 7 1/8	EA	5		550 00
CF1901	5 1/2 basket	EA	1		280 00
CF3000	Thread Lock Kit	EA	1		34 00
CC155	Super Flush II	gal	500		765 00
E100	unit mileage	mi	75		210 75
F101	Heavy Equipment Mileage	mi	150		1500 00
F113	Proppant Bulk Delivery Mileage	mi	514		922 00
CF206	Depth Charge 5000' 6000'	4hrs	1		2860 00

SUB TOTAL 10840

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Paul Hox</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Bob Kasper</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer <u>Oil Producers of KS</u>	Lease No.	Date <u>11-1-10</u>
Lease <u>Albert Boeziden</u>	Well # <u>18-3</u>	
Field Order #	Station <u>Liberal KS 1717</u>	Casing <u>5.5</u> Depth
Type Job <u>2-42 5.5 Long string</u>	Formation	County <u>Barber</u> State <u>Ks</u>
		Legal Description <u>18-3413</u>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<u>5.5</u>	<u>5408</u>	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press <u>2000</u>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <u>Bob Casper</u>	Station Manager <u>Terry Bennett</u>	Treater <u>Kobeel Cox</u>
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Service Units <u>27062</u>	<u>19959</u>	<u>21010</u>					
Driver Names <u>D Panader</u>	<u>P. Mitchell</u>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>0200</u>					<u>On Loc</u>
<u>430</u>					<u>Start Casing Into Hole</u>
					<u>Packer shoe @ 5408 Basket cont. 5388.52</u>
					<u>Latch down @ 5388.52 also cont. @ 2468 ft</u>
<u>652</u>					<u>Drop Ball cont circulate hold</u>
<u>719</u>	<u>300</u>		<u>22</u>	<u>4</u>	<u>start super flush 5bbl Refaces APN</u>
<u>724</u>	<u>300</u>		<u>0</u>	<u>4</u>	<u>start cont @ 15.3 ft</u>
<u>739</u>	<u>0</u>		<u>26</u>	<u>0</u>	<u>drop plug</u>
<u>749</u>	<u>0</u>		<u>0</u>	<u>4</u>	<u>start displacement</u>
<u>806</u>	<u>200</u>		<u>100</u>	<u>4</u>	<u>slow Rate to 2 Bpm</u>
<u>875</u>	<u>1000</u>		<u>125</u>	<u>0</u>	<u>Plug down 500' over lift pressure</u>
<u>877</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>Release pressure Plug holding</u>
<u>885</u>	<u>0</u>		<u>9</u>	<u>0</u>	<u>plug part @ mouse</u>
<u>900</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>plug room flush up</u>

Thank you